

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM 12: ORGANIZATION CONTACTS</b>	<b>FOR HRSA USE ONLY</b>	
	Application Tracking Number	Grant Number
<b>Medical Director</b>		
Prefix		
Name		
Suffix		
Highest Degree		
Phone		
Email		
<b>Dental Director</b>		
Prefix		
Name		
Suffix		
Credentials		
Phone		
<b>Chief Executive Officer</b>		
Prefix		
Name		
Suffix		
Credentials		
Phone		
<b>Contact Person</b>		
Title of Position		
Prefix		
Name		
Suffix		
Credentials		
Phone		
Email		

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.